

Children in Foster Care Receiving System-of-Care Services: Service Utilization and Behavioral and Emotional Outcomes

Introduction

This *EvalBrief* is a follow-up to an earlier *EvalBrief* that attempted to provide a comprehensive picture of the demographic and clinical characteristics of children in foster care at entry into system-of-care services, as compared to children who are not in foster care. In addition to this, service utilization and change in behavioral and emotional problems over time for both groups were also assessed. In this *EvalBrief*, patterns of service utilization and the emotional and behavioral outcomes associated with children in foster care are reported.

Data Sources

Data used in this study were collected as part of the national evaluation between 1997 and 2003 from 45 communities initially funded between 1997 and 2000. A subset of the children participating in these communities had histories that included foster care placement and custody status. A total of 3,404 of these children, with complete data on custody, foster care placement, and behavioral and emotional outcomes, were included within this current study sample, out of which 227 (a) had a foster care placement in the 6 months prior to intake, or (b) were in the custody of a foster parent 6 months prior to intake. The remaining 3,177 of the children did not have a foster care placement or were not in the custody of a foster parent in the 6 months prior to intake. For information on service utilization, a total of 2,198 children had data on custody, foster care placement, and service use. Out of this group, 132 had foster care placements or were in the custody of a foster parent 6 months prior to intake, and 2,066 did not have any foster care placements or were not in the custody of foster care parents in the 6 months prior to intake.

Sources of data for this study include descriptive data from the Descriptive Information Questionnaire, as well

Study Highlights

- ▶ ***There were significant differences between children in foster care and those in non-foster care regarding service use, with the foster care group using more family supportive services, individual therapy, and therapeutic foster care.***
- ▶ ***The majority of children, independent of foster care status, either remained stable or improved from intake to 12 months in behavioral and emotional problems/strengths as well as in educational outcomes.***
- ▶ ***Children in foster care still demonstrated certain challenges in their ability to perform in school as well as with their emotional and behavioral problems.***

as outcome data from the Education Questionnaire of the national evaluation. This study also utilized *DSM-IV* diagnoses (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*; American Psychiatric Association, 1994), child and family history, and two clinical outcome measures: the Child Behavior Checklist (CBCL; Achenbach, 1991) and the Behavioral and

Emotional Rating Scale (BERS; Epstein & Sharma, 1998). The CBCL is a clinical measure designed to assess any problems a child may experience behaviorally and emotionally and identify the child’s competencies. The BERS measures the child’s strengths and competencies through an assessment of the child’s behavior.

To simplify the interpretation of how the clinical measures used in this study assess actual behavioral change, the Reliable Change Index (RCI) was used as a quantitative indicator of meaningful clinical change. This statistic compares the clinical scores at two different points in time and indicates whether there is a change in scores that demonstrates clinically significant improvement, stability, or deterioration. In addition, RCIs were used to measure changes in school performance and school attendance.

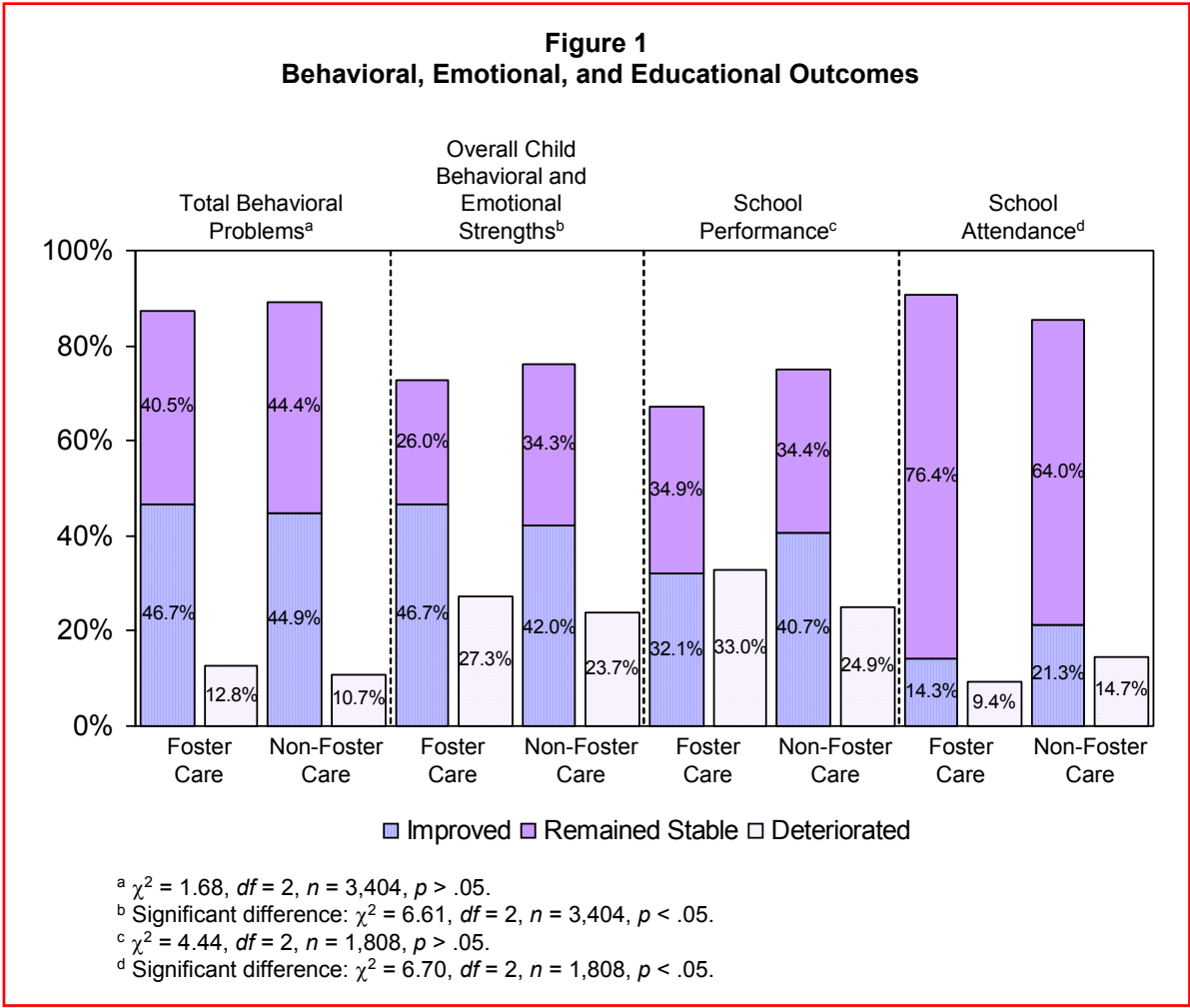
Statistical analyses were conducted to test differences between both groups of children. Chi-square tests were used to test group differences across the dichotomous variables (such as gender), and t-test analyses were used to compare group averages across continuous measures, including the CBCL and the BERS.

Findings

Behavioral, Emotional, and School Outcomes

Figure 1 displays the changes in total problem behaviors, child strengths, school performance, and school attendance from intake to 12 months for children in foster care and non-foster care. There were no statistically significant differences between the two groups in change in total problem behaviors and school performance from intake to 12 months.

Children in the foster care group differed significantly from children in the non-foster care group regarding changes in overall behavioral and emotional strengths and school attendance from intake to 12 months. Children in foster care showed more improvement in strengths (46.7%), while more children in the non-foster care group remained stable (34.3%). School attendance for the majority of children in foster care remained stable (76.4%); fewer children in foster care deteriorated (9.4%) in terms of school attendance than children in the non-foster care group (remained stable: 64%; deteriorated: 14.7%).



Service Use Prior to Entry Into Systems of Care and 6 Months and 12 Months After Entering Systems of Care

Children in the foster care group were significantly more likely than those in the non-foster care group to have received outpatient (82.2% vs. 73.1%) and residential treatment services (35.2% vs. 27.1%) prior to entering systems of care (see Figure 2).

Family preservation, individual therapy, therapeutic foster care, respite care, behavioral/therapeutic aide, independent living, and family support services were used more by children in foster care and their families than by children in the non-foster care group at both 6 months and 12 months after entering systems of care. Table 1 on page 4 reports services for which frequency of use was found to be statistically different between children in foster care and those in non-foster care. Therapeutic group home and case management were used by children in foster care more extensively at 6 months after entering systems of care than at 12 months after entering into systems of care.

Summary

The results of this study indicate that the majority of children in foster care had participated in a multitude of services prior to entering systems of care, especially outpatient and residential treatment. Children in foster care and their families were more likely to receive supportive services such as respite care, family preservation, and family support at 6 months and 12 months after entering systems of care. At the individual child level, children in the foster care group were more likely to receive therapeutic foster care and individual therapy than children in the non-foster care group. Children in foster care were more likely to show improvement in overall behavioral and emotional strengths and less deterioration in school attendance from intake to 12 months than children in non-foster care.

Overall the system of care appears to provide a therapeutic environment for children in the program since the majority of children, independent of foster care status, either improved or remained stable. Children in foster care still demonstrated certain challenges in their ability to perform in school and in their emotional and behavioral

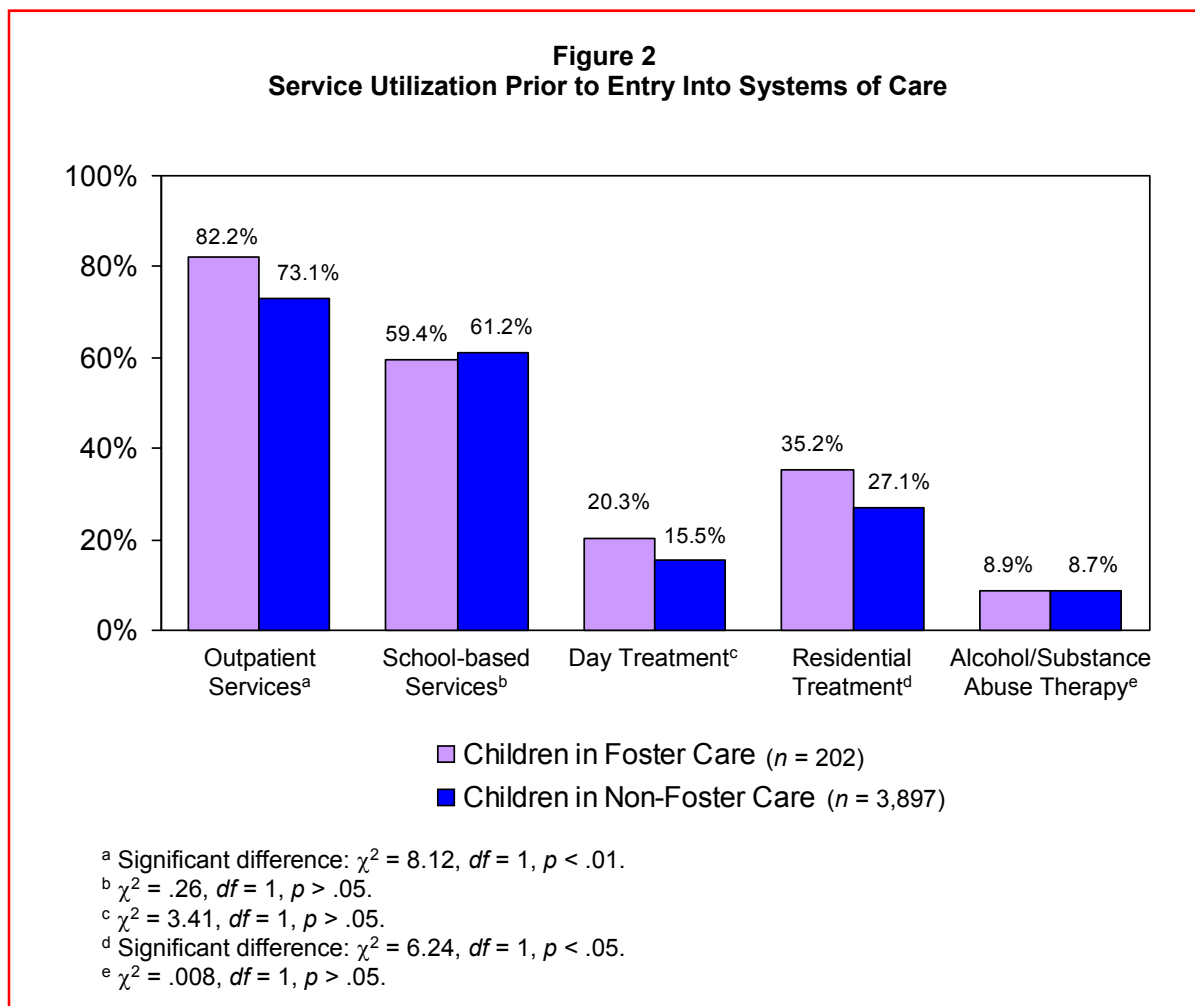


Table 1
Service Utilization 6 Months and 12 Months After Entering Systems of Care

Characteristics of Children in Foster Care and Children in Non-Foster at Entry into Systems of Care	Children in Foster Care (n = 132)		Children in Non-Foster Care (n = 2,066)		Statistically Significant Comparisons	
	At 6 Months After Entry Into Services	At 12 Months After Entry Into Services	At 6 Months After Entry Into Services	At 12 Months After Entry Into Services	At 6 Months	At 12 Months
Case Management ^a	89.4%	77.3%	78.5%	67.0%	$\chi^2 = 8.91$, $df = 1$, $p < .05$	$\chi^2 = 3.15$, $df = 1$, $p > .05$
Therapeutic Group Home ^a	9.1%	6.8%	4.9%	4.6%	$\chi^2 = 4.5$, $df = 1$, $p < .05$	$\chi^2 = 1.3$, $df = 1$, $p > .05$
Family Preservation ^b	19.7%	18.2%	15.1%	11.3%	$\chi^2 = 2.01$, $df = 1$, $p > .05$	$\chi^2 = 5.62$, $df = 1$, $p < .05$
Individual Therapy ^b	82.6%	85.6%	78.7%	73.5%	$\chi^2 = 1.15$, $df = 1$, $p > .05$	$\chi^2 = 9.47$, $df = 1$, $p < .05$
Behavioral/Therapeutic Aide ^b	23.5%	25.8%	20.0%	17.7%	$\chi^2 = 0.94$, $df = 1$, $p > .05$	$\chi^2 = 5.5$, $df = 1$, $p < .05$
Respite Care ^b	31.8%	28.8%	14.1%	12.9%	$\chi^2 = 30.1$, $df = 1$, $p < .01$	$\chi^2 = 26.1$, $df = 1$, $p < .01$
Therapeutic Foster Care ^c	38.6%	26.5%	1.9%	2.5%	$\chi^2 = 421.07$, $df = 1$, $p < .01$	$\chi^2 = 187.97$, $df = 1$, $p < .01$
Independent Living ^c	7.6%	7.6%	2.2%	3.1%	$\chi^2 = 14.82$, $df = 1$, $p < .01$	$\chi^2 = 7.92$, $df = 1$, $p < .05$
Family Support ^c	40.2%	34.9%	30.9%	26.0%	$\chi^2 = 4.89$, $df = 1$, $p < .05$	$\chi^2 = 4.99$, $df = 1$, $p < .05$

^a Significant difference in service use only at 6 months after entry into services.

^b Significant difference in service use only at 12 months after entry into services.

^c Significant difference in service use at both 6 and 12 months after entry into services.

problems. This finding indicates that additional efforts should be directed toward advocating for the provision of specific services and support systems for children in foster care. A specific area of emphasis would be enabling these children to improve their level of functioning relative to educational performance and emotional and behavioral problems. Additional research efforts in the future could include investigating specific factors that predict clinical areas of deterioration associated with children in foster care.

References

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Epstein, M. H., & Sharma, J. (1998). *Behavioral and Emotional Rating Scale: A strength-based approach to assessment*. Austin, TX: PRO-ED.

Child, Adolescent and Family Branch

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
1 Choke Cherry Road
Rockville, MD 20857
Phone: (240) 276-1980
Fax: (240) 276-1990

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ORC Macro

3 Corporate Square, Suite 370
Atlanta, GA 30329
Phone: (404) 321-3211
Fax: (404) 321-3688
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